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ABSTRACT

The occurrence of incest in which a female child is molested by an older male family member may be increasing as the number of stepfamilies increases, because previous evidence suggests that girls living with stepfathers are at greater risk for molestation. If psychotherapists will be seeing more incest-history clients as a result of this trend, then therapists' beliefs and perceptions about the role of incest in psychopathology must be explored. Questionnaires presenting incest and no-incest case histories and assessments of disturbance, prognosis and background factors were completed by 124 psychotherapists. Results showed that the presence of incest in a case history did not significantly affect therapists' ratings of level of disturbance and prognosis. Despite this lack of differences in perceptions of the client, therapists were significantly less willing to work with incest victims. Furthermore, when incest was mentioned in a case history, therapists were very likely to consider it a crucial cause of the client's disturbance and to give less attention to other background factors, such as infantilization and sibling rivalry. In rating incest clients, therapists also tended to give commensurately greater weight to other background factors believed to be associated with incest, such as "father's mental problems," suggesting that therapists manifest a strong preconception that incestuous fathers are mentally disturbed. (Author/NRB)

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The Effects of Incest on Therapist Assessment of Female Clients

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Incestuous child molestation is most commonly a situation in which a female child or adolescent is induced to participate in sexual activity by an older male family member who has the power to demand sexual favors without resorting to force. Particularly when the male is in the "caretaker" role vis-à-vis the female child, as is the case with a father or stepfather, it is now generally believed (Meiselman, 1978; Peters, 1976; Summit & Kryso, 1978) that incest has considerable potential for disrupting her future adjustment and thus enhancing the possibility that she will eventually become a psychotherapy client. Moreover, it is quite possible that the actual incidence of molestation by males in the caretaker role may be increasing as the number of broken homes and stepfamilies increases, since there is recent evidence (Finkelhor, 1979) that girls who live with stepfathers are at greater risk for molestation. Psychotherapists may thus be seeing an even greater number of incest history clients in the future and the question of therapists' beliefs and perceptions about the role of incest in psychopathology should be posed now.

The history of ideas about incest reveals a seesawing between two rather extreme points of view (Finkelhor, 1979; Meiselman, 1981). In the psychoanalytic tradition reports of father-daughter incest were often attributed to Oedipal fantasy but the effects of incestuous acting-out were assumed to be disastrous to the psychosexual development of the child; other clinicians have minimized the purported effects of incest (Bender & Blau, 1937; Yorukoglu & Kemph, 1966) or even asserted that it may occasionally be beneficial (Rascovsky & Rascovsky, 1950). On

balance, we felt that the typical psychotherapist in the field today would be most heavily influenced by the psychoanalytic tradition and also by the recent feminist emphasis on the exploitation of female children, and we therefore formulated the following two hypotheses relating to the effects of incest in the case history of a prospective client:

1. The presence of father-daughter incest as a background factor would cause therapists to judge a female client to be more disturbed and to have a less favorable prognosis than an identical client with no incest history; and
2. Therapists would tend to attribute the client's psychological disturbance to incest whenever it was present as a background factor.

METHOD

Questionnaire Design. Four client histories were used in two conditions: incest and no-incest. In the incest condition, incest was mentioned as a background factor, and in the no-incest condition this mention was excluded. Thus there were eight different case histories in all. The following is an example of an incest case history:

> Presenting Symptoms
>
> X is 23 years old, has been married for two years, and has a one year old daughter. For several years X has had serious difficulty in falling asleep at night and lately has been consuming dangerous amounts of pills and alcohol. She is fearful in many situations, but tries to put on a facade of adult competence. During the interview, X presents a picture of well controlled anxiety and is seldom able to openly express feelings.
>
> Family Background
>
> X never knew her mother, who had a schizophrenic

> breakdown shortly after her birth and became a chronic patient in a mental hospital. The father raised X and two half-brothers who were born to the woman the father married when X was five. When X was 12 years old, her father began to sexually molest her. This behavior was continued intermittently until age 14.
>
> X'x father, an electrician, was subservient to his second wife and overtolerant of her promiscuous sexual behavior after their marriage. The children were often aware that she brought strange men home with her during the day, and X eventually told her father about it, resulting in a marital breakup and the placement of X in a foster home."

A questionnaire was designed for presentation to mental health professionals. It collected background information on the respondent (i.e., sex, age, educational background, and years of experience as a therapist), presented one of the client histories (incest or no-incest condition), and asked the therapist to rate level of disturbance, prognosis, willingness to work with this client, and how crucial various background factors were in contributing to the client's present disturbance. The eleven background factors were:

1. Biological factors of the client
2. Job instability of the mother
3. Job instability of the father
4. Father absent from the home
5. Mother absent from the home
6. Infantilization of the client
7. Marital problems between the parents
8. Sexual molestation by the father
9. Mother has mental problems
10. Father has mental problems
11. Extreme sibling rivalry

The response format for the eleven background factor items was a five-point scale, ranging from not important (a score of 1) to crucial (a score of 5). If a background factor did not apply to a particular case history, the therapist was asked to circle the "not applicable" option.

Participants. Agencies in the greater Los Angeles area which provide mental health services were requested by the first author to participate in a research project on patterns of client assessment. Seven agencies volunteered their staff as participants. Since therapists who had any specific knowledge of the purpose of the research were asked not to participate, we assume that participants did not know that incest was the major variable of interest. Questionnaires were randomly assigned to the 124 participants. There was a total of 63 incest condition questionnaires and 61 no-incest condition questionnaires returned.

The therapists ranged in age from 22 to 68 years ($\bar{X}$ = 41.0, SD = 11.4), the majority of whom were female (72%). Their years of experience as practicing therapists ranged from less than one year to 35 years ($\bar{X}$ = 8.4, SD = 7.4). The most common clinical orientation was stated as "eclectic" (47%), followed by psychoanalytic (26%), Rogerian (17%), behavioral (7%), and Gestalt (3%). In terms of completed education, almost half of the therapists (46%) had an MSW, followed by a bachelor's degree (20%), an MA (12%), a PhD (11%), an MD (6%), and a high school diploma (5%).

RESULTS

The presence of incest in a case history did not significantly affect therapists' ratings of level of disturbance and prognosis. Table 1 shows a slight tendency to rate the incest history client as being

more disturbed but as having a better prognosis than the no-incest history client. Despite the lack of differences in perception of the client, however, therapists were significantly less willing to work with the woman who had been molested by her father.

Insert Table 1

Whenever incest was mentioned in a case history, therapists were very likely to judge it to be a crucial cause of the client's disturbance. Eighty-four percent of the therapists in the incest condition gave it the highest rating while only one therapist out of 63 thought it might be relatively unimportant; the median rating was 4.9 on a five point scale. Female therapists were somewhat more likely to rate the incest factor as being crucial than male therapists ($p < .07$)

Table 2 shows means and t-test comparisons for the incest and no-incest conditions on background factors other than incest. It can be seen that therapists in the no-incest condition put significantly more emphasis on infantilization of the client, extreme sibling rivalry, and job instability of the mother. In addition to viewing incest as crucial, therapists in the incest condition tended to give higher ratings to "father's mental problems" than therapists in the no-incest condition.

Insert Table 2

For both the incest and no-incest conditions, the eleven background factors were intercorrelated, controlling for the particular case history

Table 1

	Mean Rating	
	Incest	No-Incest
Disturbance	3.60	3.51
Prognosis	2.81	2.93
Willingness to work with client	2.10	1.67 *

*$t = 2.35$; $p < .05$.

Table 2

Mean Ratings of Background Factors

Background Factors	Incest	No-Incest	t
Biological factors of client	2.80	2.98	
Infantilization of client by family	3.58	4.24	2.42***
Extreme sibling rivalry	2.64	3.11	1.74**
Marital problems between parents	4.17	4.41	1.52*
Father absent from home	3.68	3.90	
Mother absent from home	3.96	4.00	
Job instability of father	3.14	3.14	
Job instability of mother	2.56	3.38	2.65***
Father has mental problems	3.79	3.48	1.48*
Mother has mental problems	3.94	4.12	

* $p < .1$
** $p < .05$
*** $p < .01$

that the therapist had read before rating their importance.[1] These partial correlations were necessary since each of the case histories mentioned a different set of background factors pertaining to each hypothetical client. Even with this correction for the effects of the different case histories, therapists in both conditions produced several significant correlations. Whether or not incest was present in a case history had an important effect on the correlation of the other background factors. For example, when incest was not present as a background factor, "mother absent" and "father absent" showed a high positive correlation ($r = +.76$), but when incest was also present this relationship disappeared ($r = -.05$, for the incest condition).

Of particular interest were correlations of incest with other background factors within the incest condition. Therapists who rated incest as crucial in the development of the client's present disturbance also emphasized the importance of "marital problems" ($r = +.31$; $p < .01$), "father's mental problems" ($r = +.28$; $p < .05$), and "father absent" ($r = +.28$; $p < .10$). While these correlations are somewhat low, it should be remembered that the range of the incest variable was truncated (since most therapists used the "5" point on the rating scale), and thus the true population values of the correlation coefficient may have been underestimated by the data in our sample (Young & Veldman, 1977).

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[1]Copies of the correlation matrices may be obtained from the first author.

DISCUSSION

Since therapists in the incest and no-incest conditions gave very similar ratings of disturbance and prognosis, our first hypothesis clearly did not receive support. It appears that therapists are not unduly influenced by the theory that incest is conducive to serious psychopathology, and we would guess that they can successfully attend to the client's presenting problems in making these judgments. However, the presence of incest did significantly affect the therapists' ratings of their willingness to work with the hypothetical client, the incest condition therapists being less willing to work with her. Although our questionnaire data do not allow us to further analyze this unwillingness, one can speculate that the incest history client is perceived as being difficult in some way that is not reflected in the prognosis given to her. Perhaps there is a "rejection of the victim" reaction of the sort that has been described in the case of rape victims and battered wives (Symonds, 1979).

Our second hypothesis, that therapists would attribute great importance to incest as a cause of the client's disturbance, was definitely supported by the data. When incest was present as a background factor, it was heavily emphasized as a cause of the disturbance, and some of the other background factors, such as infantilization and sibling rivalry, received less attention. It would certainly be interesting to learn how accurate this perception is and how it develops. As it is, we cannot yet discern whether we are seeing the manifestation of a strong (but possibly inaccurate) cultural stereotype or the result of

actual clinical experience.

We also noted that female therapists tended to attribute more importance to incest than male therapists, but this result must be viewed with caution since most of the males in our sample held Ph.D. or M.D. degrees and thus their judgments may have been conditioned by their educational background rather than by sex bias per se.

It would seem that when incest is present as a background factor therapists tend to give commensurately greater weight to other background factors that they believe to be associated with the occurrence of incest. While this conclusion is rather speculative at present, there is tentative evidence for it in the relatively great importance attributed to the "father mental problems" factor in the incest condition and in the significant positive correlation of this factor with the perceived importance of incest. This finding is especially interesting in light of the fact that none of the case histories used on the questionnaire contained any specific mention of the father's having had mental problems, so it would seem that the therapists were manifesting a rather strong preconception that the incestuous father must have been a man who was mentally disturbed.

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